

10 Oct. 2006 17:31

RECEIVED
CENTRAL FAX CENTER

No. 0329 P. 2

PCT/ILUS/00818.10102006

OCT 10 2006

USP13 Rec'd PCT/PTO 10 OCT 2006

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below.

IPEA/ US

PCT

DEMAND

CHAPTER II

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

| | |
|---|--|
| For International Preliminary Examining Authority use only | |
| Identification of IPEA | Date of receipt of DEMAND |
| Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION | |
| International application No. <u>PCT/IL2005/000818</u> | Applicant's or agent's file reference <u>1983</u> (Earliest) Priority date (day/month/year) <u>04.08.2004 4 Aug. 2004</u> |
| Title of invention <u>METHOD AND SYSTEM FOR VERIFYING AND ENABLING USER ACCESS BASED ON VOICE PARAMETERS</u> | International filing date (day/month/year) <u>01.08.2005 1 August 2005</u> |
| Box No. II APPLICANT(S) | |
| Name and address: (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country.) <u>CELLMAX SYSTEMS LTD.</u> <u>building no. 7</u> <u>Kiryat Atidim, 61580 Tel Aviv</u> <u>ISRAEL</u> | Telephone No. <u>972-3- 6484304</u> Facsimile No. <u>972-3-6484226</u> Teleprinter No. _____ Applicant's registration No. with the Office _____ |
| State (that is, country) of nationality: <u>Israel</u> | State (that is, country) of residence: <u>Israel</u> |
| Name and address: (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country.) | |
| State (that is, country) of nationality: | |
| State (that is, country) of residence: | |
| Name and address: (Family name followed by given name, for a legal entity, full official designation. The address must include postal code and name of country.) | |
| State (that is, country) of nationality: | |
| State (that is, country) of residence: | |
| <input type="checkbox"/> Further applicants are indicated on a continuation sheet. | |

Form PCT/PEA/401 (first sheet) (April 2006)

See Notes to the demand form

AGE 236 * RCVD AT 10/10/2006 11:31:12 AM [Eastern Daylight Time] * SVR:USPTO-EFXRF-3/4 * DNIS:2738300 * CSID: * DURATION (mm-ss):11-10

BEST AVAILABLE COPY

PET/IL05/00818.10102006

Sheet No. 2

International application No.
PCT/IL2005/000818

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is ☒ agent ☐ common representative
 and ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination
☐ is hereby appointed and any earlier appointment of (an) agent(s) common representative is hereby revoked
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s) common representative appointed earlier

Name and address: (which name has been in your name for a legal entity, full official designation)
 The address must include postal code and name of country

LANGER, Edward
 Shiboloth, Yisraeli, Roberts, Zisman & Co.
 Museum Tower
 4 Berkowitz St.
 Tel Aviv 64238
 ISRAEL

Telephone No.
972-3-7778333

Facsimile No.
972-3-7778444

Teleprinter No.

Agent's registration No. with the Office

30,564

☐ Address for correspondence: Mark this check-box where no agent or common representative is has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION

Statement concerning amendments:

1. The applicant wishes the international preliminary examination to start on the basis of:
- ☐ the international application as originally filed
 - the description ☒ as originally filed ☐ as amended under Article 34
 - the claims ☐ as originally filed ☐ as amended under Article 19 (together with any accompanying statement) ☒ as amended under Article 34
 - the drawings ☒ as originally filed ☐ as amended under Article 34
2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.
3. ☐ Where the IPEA wishes to start the international preliminary examination at the same time as the international search in accordance with Rule 69.1(b), the applicant requests the IPEA to postpone the start of the international preliminary examination until the expiration of the applicable time limit under Rule 69.1(d).
4. ☒ The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 69.1(d).
- Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application or the international preliminary examination report, as so amended

Language for the purposes of international preliminary examination: ENGLISH

- ☒ which is the language in which the international application was filed
- ☐ which is the language of a translation furnished for the purposes of international search
- ☐ which is the language of publication of the international application
- ☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT

Form PCT/IL: A 401 (second sheet) (April 2006)

See Notes in the demand form

AGE 3/36 * RCVD AT 10/10/2006 11:31:12 AM [Eastern Daylight Time] * SVR:USPTO-EFAXF-3/4 * DNIS:2738300 * CSID: * DURATION (mm-ss):11-10

BEST AVAILABLE COPY

PCT/IL05/00818.10102006

Sheet No. 3.

International application No.
PCT/IL2005/000818

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | | |
|--|---|----|--------|
| 1. translation of international application | : | | sheets |
| 2. amendments under Article 34 | : | 10 | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | | sheets |
| 5. letter | : | | sheets |
| 6. other (specify) | : | | sheets |

For International Preliminary
Examining Authority use only
received not received

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

The demand is also accompanied by the item(s) marked below:

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listing in electronic form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in electronic form related to a sequence listing |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input checked="" type="checkbox"/> other (specify): The letter and marked up version of claims amendments. |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Near to each signature indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand)



Edward LANGER

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

10-13 Rec'd PCT/IL 10 OCT 2006

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

- | | |
|--|--|
| 3. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply. <input type="checkbox"/> The applicant has been informed accordingly. | 6. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply. |
| 4. <input type="checkbox"/> The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5. | 7. <input type="checkbox"/> The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5. |
| 5. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82. | 8. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82. |

For International Bureau use only

Demand received from IPEA on:

Form PCT IPEA 401 (last sheet) (April 2006)

See Notes to the demand form

BEST AVAILABLE COPY

PCT/IL05/00818.10102006

PCT

CHAPTER II

FEE CALCULATION SHEET

Annex to the Demand

| | |
|---|--|
| International application No PCT/IL2005/000818 Applicant's or agent's file reference 1983 Applicant CELLMAX SYSTEMS LTD. | For International Preliminary Examining Authority use only Date stamp of the IPEA |
|---|--|

| | |
|---|---|
| CALCULATION OF PRESCRIBED FEES | |
| 1. Preliminary examination fee | <div style="display: flex; justify-content: space-between;"> US\$ 600.00 P </div> |
| 2. Handling fee (Applicants from certain States are entitled to a reduction of 75% of the handling fee where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.) | <div style="display: flex; justify-content: space-between;"> 155.00 H </div> |
| 3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box | <div style="border: 1px solid black; padding: 5px; text-align: center;"> US\$ 755.00 TOTAL </div> |

| | |
|---|---|
| MODE OF PAYMENT (Not all modes of payment may be available at all IPEAs) | |
| <input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input type="checkbox"/> bank draft | <input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input checked="" type="checkbox"/> other (specify): Credit card form |

| | |
|---|---|
| AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (This mode of payment may not be available at all IPEAs) | |
| <input type="checkbox"/> Authorization to charge the total fees indicated above. <input type="checkbox"/> (This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. | IPEA/ _____ Deposit Account No.: _____ Date: _____ Name: _____ Signature: _____ |

Form PCT/IPEA/401 (Annex) (April 2006)

See Notes to the fee calculation sheet

BEST AVAILABLE COPY